## Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with other detailed forms. Do not use this form to update information.

1. Committee Information				
a. Full Name				c. ID Number
Committee to the		2 Pritt		
b. Mailing Address (include City, State and Zip Code	e)			d. Date Filed
POBOX 77172				3/17/19
Charlotte NC 282	71		-	e. Phone Number
				704.604.2872
2. Report Year 3. Period Start Date (mm/dd		4	5. Treasure	r Full Name
2019	THE RESIDENCE PARTY AND PERSONS ASSESSED.	4/2019	NAME AND ADDRESS OF TAXABLE PARTY.	Pritt
6. Type of Committee (Check One)			1	rt from one category)
Candidate Campaign Party	Municipal	State/County	and the second s	Referendum
PAC Referendum Independent Expenditure Joint Fundraiser	Organizationa Thirty-five da		ionai	Organizational Pre-referendum
Legal Expense Fund	Pre-primary	First		Final
La regar Expense i and	Pre-election	Seco		Supplemental Final
7. Type of Fund (if applicable, check one)	Pre-runoff	Thir		Annual
Booster Fund	Semi-annual	Four	th	☐ Special
☐ Building Fund	Mid Yea	r Semi-ann	ual	
	Year En	d  Mid	Year	10. Special Report Name
Other:	☐ Final	☐ Year	End	
8. Number of Fundraisers this Report	Special	Final		
0		☐ Special		
11. Account Information		11. Account Inform	nation	
a. Financial Institution Full Name		a. Financial Institution	Full Name	the bearing and behind
Truhant Federal Credit	Inion			
b. Purpose c. Account Co	ode	b. Purpose		c. Account Code
Campaign TFCV	4			
		1		
d. Period Beg	gin Balance	-		d. Period Begin Balance
\$ 6				\$
CERTIFICATION				
I certify that the Committee or Fund is in compl	liance with all appl	licable provisions of A	ticle 22A, 22B	8 & 22D-22M of Chapter 163
of the NC General Statutes and that no funds are				nds. I further certify that this
report is complete, true and correct and that I ha	we been trained by	the NC State Board of	f Elections.	
Anne Prott	/ (X0)	MI LAYYML		0/12/10.
11111011	- LAM	WITH		9/1/119
Printed Name of Signer	Sig	enature of Appointed Trea	surer	Date
FOR OFFICE USE ONLY		$\sim 0$	2	
Date Received: 10/01/19	Emplo	yee:		ivery Method Normal Mail
Date Postmarked:	Emplo	yee:	_	Registered Mail Hand Delivered
Date Scanned:	Emplo	vee*	吕	Electronically Filed
				Signer has not received
Date Data Entered:	Emplo	yee:		mandatory training
Please Note: This form cannot be used assistant treasurer, or You must amend the Statemen	ustodian of book	s information, or acc	ount informa	tion.

CRO-1000

NC State Board of Elections

August 2008

**Detailed Summary**Use this form to summarize all disclosure reporting forms and to total monetary information.

1. Committee Full Name (and Fund if applicable)	2. Type of Report		3. ID Number
Committee to Elect Anne Pritt			
Start of Election Cycle: January 1,		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		8	\$
RECEIPTS			
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$
6) Contributions from Individuals	(CRO-1210)	\$ 1775.00	) \$
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$
8) Contributions from Other Political Committees	(CRO-1230)	\$	\$
9) Loan Proceeds	(CRO-1410)	\$	\$
10) Refunds/Reimbursements To the Committee 11) Other Receipt Sources	(CRO-1240)	\$	\$
11a) Interest on Bank Accounts	(CRO-1250)	s 0.02	\$
11b) Contributions from Not-for-Profit Organization	ons (CRO-1250)	\$	\$
11c) Outside Sources of Income	(CRO-1250)	\$	S
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	s
11 e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c	r, 11d and 11e)	s 1775,0	7 /s
EXPENDITURES		1,1,1,1	
13) Disbursements			
13a) Operating Expenditures	(CRO-1310)	\$ 1231.0	128
13b) Contributions to Candidates/Political Commit	tees (CRO-1310)	\$	\$
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$	\$
15) Loan Repayments	(CRO-1420)	\$	\$
16) Refunds/Reimbursements From the Committee	(CRO-1320)	\$	\$
17) In-Kind Contributions	(CRO-1510)	\$	\$
18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	i, 16 and 17)	\$ 1,231.0	28
19) Cash on Hand at End (Add lines 4 and 12 together, then subt	ract line 18)	s 544.1	70 s
ADDITIONAL INFORMATION			
20) Non-Monetary Gifts Given to Other Committees	(CRO-1330)	\$	
21) Outstanding Loans (incl. ones from other campaign	s) (CRO-1430)	s	
22) Debts and Obligations owed By the Committee	(CRO-1610)	\$	
23) Debts and Obligations owed To the Committee	(CRO-1620)	\$	
24) Account Transfers Within the Committee	(CRO-1720)	\$	
25) Administrative Support OCT 0 1 2019	(CRO-1719)	\$	\$
26) Forgiven Loans	(CRO-1440)	\$	\$
27) 48-Hour Notice Reports Sum Co. Board of Elections	(CRO-2220)	\$	\$
28) Contributions to be Refunded	\$	\$	

		and Fund if applica		or contributions und		2. ID Nu		
	tee to Elect Anne F			7.00				
3 Contr	ributor Informatio	<b>1</b>		Add ☐ Ren	nove			
DESCRIPTION NAMED IN	me, Mailing Address			b. Job Title/Profession	nove	d. Comme	ents	
	e city, state, & zip)			Retired / Photograp	oher			G METER LANGE EN
Rob & N	Marcia Cranshaw							
	LO CLUB BLVD			c. Employer's Name/Sp	pecific Field			
MATTH	IEWS, NC 28105			Herff Jones		e. Election Sum to Date		
				1.3		\$	300.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	TFCU	CHECK			07/19/2	2019	\$	300.00
			1450				\$	
		7 9					\$	
3. Cont	ributor Informati	on		Add Rer	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	e city, state, & zip)			INSURANCE AGI	ENT			
	W PRUITT							
PO BOX				c. Employer's Name/Sp				
CHARL	OTTE, NC 28271			PRUITT KEENER	INSURANCE	e Flection	Sum to Date	
						\$	500.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	ууу)	k. Amount	
	TFCU	CHECK			07/11/2	2019	\$	500.00
							\$	
							\$	
3. Contr	ibutor Informatio	on		Add Rer	nove			
a. Full Na	me, Mailing Address	& Phone		b. Job Title/Profession		d. Comme	ents	
	e city, state, & zip)			PROPERTY MAN	AGEMENT			
	ALMOND							
	ARON RD AW, NC 28173			c. Employer's Name/Sp	, ,			
WAAR	AW, NC 20173			McCirod	corp	e. Election	Sum to Date	
						\$	250.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Date (mm/dd/y	yyy)	k. Amount	
	TFCU	CHECK		>= 1\ /==	08162		\$	250.00
		-		:-!\/-!)				
		1	han				2	
		,	חרו	0 1 2019			\$	

5. Total of ALL CRO-1210 Pages
(This line must be on line 6 of Detailed Summary Page CRO-1100)

4. Total only this Page

Union Co. Board of Elections

\$ 1,050.00 \$ 1,775.00

		lividual contributions		0 or contributions	under \$50	o if form Cl	RO 1205 is 1	not used		
1. Com	1. Committee Full Name (and Fund if applicable)							2. ID Number		
THE CO	OMMITTEE TO E	LECT ANNE PRUIT	T							
3. Conti	ributor Informati	ion		Add	Remove					
A STATE OF THE STA	me, Mailing Address	& Phone		b. Job Title/Profession			d. Comme	nts		
	city, state, & zip)			PROP MANAC	GEMENT	,				
	ROBERTSON			200000000000000000000000000000000000000						
PO BOX	T AIRY NC 27030	The second second		c. Employer's Nam						
MOCIVI	AIRT NC 27030			MOUNTAIN	ALLEI	PROP	e. Election	Sum to Date		
							\$	125.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-	Kind Description	j. D	ate (mm/dd/y	ууу)	k. Amount		
	TFCU	CHECK				08/16/	2019	s	125.0	
		American de		or and	au tris	d'alike	2 3 <b>4 8</b>	S		
								s		
	ributor Informati			Add	Remove					
	me, Mailing Address	& Phone		b. Job Title/Profess			d. Comme	nts		
	e city, state, & zip)			PROP MANAC	GEMENT		- 40			
	MCLEOD D WEST CATAW	VDA AVE		- Frankrich N	/C +# 1	C: 11				
	LIUS, NC 28031	VDA AVE		c. Employer's Name/Specific Field  MCLEOD CORP			-			
				MCLLOD COL	d		e. Election	Sum to Date		
							S	250.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. D	ate (mm/dd/y	ууу)	k. Amount		
	TFCU	CHECK				08/16/2	2019	\$	250.00	
								\$		
								s		
3. Contr	ibutor Informati	on		Add 🗌	Remove		A STORY			
	me, Mailing Address	& Phone		b. Job Title/Profess	sion		d. Commer	nts		
	city, state, & zip) TUCKER			A TOP THE HOUSE						
	+ Ancestry	1. (AV		c. Employer's Nam	o/Specific I	Tiald	-			
Wedd	forther Ale	TOURIL		c. Employer s Ivam	e/Specific I	Telu				
IIcon	ington NU	20107					e. Election	Sum to Date		
							\$	100.00		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Description	j. Da	ate (mm/dd/y	yyy)	k. Amount		
	TFCU	VENMO				08/02/2	2019	\$	100.00	
			RE	CEIVED				s		
		2	OC	T 0 1 2019				s		
4. Tota	l only this Pag	e					s i	475.0	0	
5. Tota	of ALL CRO	0-1210 Pages	nion Co.	. Board of Elections			s	775	M	

**Contributions from Individuals** 

Use this	form to report indi	ividual contributions	over \$50	0 or contri	butions und	der \$50 if form CI	RO 1205 is	not used	
1. Committee Full Name (and Fund if applicable)							2. ID Number		
THE CO	MMITTEE TO EI	LECT ANNE PRUIT	Т						
3. Contr	ibutor Informatio	on		Add	Re	emove			
a. Full Nan	ne, Mailing Address	& Phone		b. Job Tit	tle/Profession		d. Comme	ents	
(include	city, state, & zip)			STYLI	ST				
SUE FIT	CH	^							
404	Gladelymn r	Vay			yer's Name/S				
Wash	Gladelynn Y aw NC 2817	2'		PLATI	NUM HAI	R BAR			
HWXII	WV 110 2011	)					e. Election	Sum to Date	
						\$ A1	S	100.00	
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	ption	j. Date (mm/dd/y	ууу)	k. Amount	
	TFCU	CASH				08/2/2	019	\$ 100.00	
		四海 25 1	100			4	Sugar.	\$	
		100						\$	
3. Contr	ibutor Informatio	on		Add	Re	emove			
THE RESERVE OF THE PARTY OF THE	me, Mailing Address	& Phone		b. Job Tit	tle/Profession		d. Comme	ents	
	city, state, & zip)			Retir	10				
Hugh	ie Sexton								
414	EATPWIND I	1		-	yer's Name/S				
11/	CONTOUND DA	Vint		Onty Commissioner					
Matt	ie Sexton Gatewood Li news NC 2	0104					e. Election Sum to Date		
							\$		
f. Prior	g. Account Code	h. Form of Payment	i. In-l	Kind Descrip	otion	j. Date (mm/dd/y	ууу)	k. Amount	
	TFCU	Check				9/7/19	}	s 100 -	
							\$		
								S	
3. Contri	ibutor Informatio	on		Add	☐ Re	move			
a. Full Nan	ne, Mailing Address &	& Phone		b. Job Tit	le/Profession		d. Comme	nts	
	city, state, & zip)		M. of Spi	Ped	3 Paya	ble	a province		
KAIS	ten Petta			c. Employ	er's Name/S	pecific Field	4		
				. /			1		
				Ker	neche		e. Election	Sum to Date	
							S		
f. Prior	g. Account Code	h. Form of Payment	1 : Yn 1	Kind Descrip	et de	: D-t- ( (E1)			
	TECH		1. 111-1	tinu Descrip	ntion	j. Date (mm/dd/y	yyy)	k. Amount	
	IFOV	Cheek	1			7/11	9	s 50.00	
			-					\$	
				RE	CEIV	ED		\$	
	only this Page			111-1	OLIV		S	250,00	
5. Total	of ALL CRO	-1210 Pages		00	T 0 1 20	19	S	1,775,00	
(This line	must be on line 6 of l	Detailed Summary Page C	RO-1100	CONTRACTOR OF THE PARTY OF THE			Φ	1117,00	

**Contributions from Individuals** 

Amendment

Yes

1. Committee l	coordinated party ex Full Name (and Fur				2. ID Number
	committee to		e Pritt.		
3. Type of Dish			CRO-1310 forms for each	type of Disbursem	ent.)
Operating l		Contributions to Ca	indidates/Political Committees	☐ Co	ordinated Party Expenditures
. Payee Inform	mation		Add	Remove	1000年100日 100日
	ling Address & Phone		b. Coordinated Committee	Name	d. Comments
include city, state	, & zip)				
VISTA	nnt		c. Level Registered (Specify	Y	
INDIAC	itp.		Federal	County:	
Mons	110		State	Municipality:	e. Election Sum to Date
				1	THE STATE OF THE S
					\$
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TECH	POS.		7/24/19	\$97.02	cards /flyers
11001					various filly che
Tru	POS	Andread Transaction	8/6/19	\$ 90.35	cards
4. Payee Inform	mation		Add	Remove	
a. Full Name, Mai	ling Address & Phone		b. Coordinated Committee		d. Comments
include city, state	, & zip)			11	
Barild	ACIEM.				
10/0 100	Asign.		c. Level Registered (Specify		
MADE	10		Federal _	County:	
			State	Municipality:	e. Election Sum to Date
					\$
. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
TE(11	1000			OF AN AL	Ciaras
1+00	POS		8/7/19	\$509.01	Signs
TFUL	POS		9/8/19	\$ 26.37	signs
A. Payee Inform			Add $\square$	Remove	7
	ling Address & Phone		b. Coordinated Committee		d. Comments
include city, state,					DECEIVED
trivent	mamotime	MOI			HECEIVED
b) I Ca	promotions	11100 0	c. Level Registered (Specify)	)	OCT 0 1 2019
Website			Federal	County:	001 01 2010
IIVOIII			State	Municipality:	e. Election Sum to Date Elections
TIVPOTI					\$
TIVPOTI			i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks
Account Code	g. Form of Payment	h. Purpose Code	i. Date (min/uu/yyyy)		k. Required Remarks
Account Code	g. Form of Payment	h. Purpose Code	1 1		
Account Code	g. Form of Payment	h. Purpose Code	9/7/19	\$179.11	magners,
	1	h. Purpose Code	1 1	s 179,11	magness,
TFUL	POS	h. Purpose Code	1 1	1 000	magners,
TFW.	POS nis Page	h. Purpose Code	1 1	1 000	s 901.86
5. Total only th	POS  nis Page  L CRO-1310 Pages		1 1	1 000	s 901.86

E - Salaries I - Postage O\* - Other

C\* - Fundraising G - Political Party F\* - Equipment J - Penalties K\* - Office Expenses **D** - To Another Candidate

H\* - Holding Public Office Expenses Q\* - Donation to Legal Expense Fund

\* Codes require detailed explanation in required remarks field (k)

D.						
Di	Sb	ur	se	m	en	ts

Pg 2 of 2 Amendment Yes

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

1. Committee F	1. Committee Full Name (and Fund if applicable)  2. ID Number							
(iom	mittee to	Elect An	ne Prott					
3. Type of Disb	ursement (Plea		CRO-1310 forms for each t	vpe of Disbursem	ent.)			
Operating E	expenses	Contributions to Ca	ndidates/Political Committees	☐ Coo	ordinated Party Expenditures			
4. Payee Inforn	nation		Add	Remove				
	ing Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,								
A								
VISTUP	rint, com		c. Level Registered (Specify)	And the State of t				
			Federal	County:	•			
			State	Municipality:	e. Election Sum to Date			
Y				, ,				
					S			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
1		•		1				
7 1900	POS		9/10/19	\$ 241.42	Cards			
Maria Maria Maria	AND DESCRIPTION OF THE PERSON				and the state of t			
	<b>国际各种公司</b>	1.82		S				
4. Payee Inform	nation		Add	Remove				
	ing Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,				A STATE OF THE STA	u. comments			
			1					
Weekli	v. WIII		c. Level Registered (Specify)					
			Federal	County:				
			State		e. Election Sum to Date			
1000			State	Municipality:	e. Election Sum to Date			
					S			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
TEM	POS.		9/11/19	s 47.95	website			
11001	103.	1	2/11111	* 17.13.	11008110			
				\$				
4. Payee Inform	nation		Add	Remove	-="/[]			
a. Full Name, Maili	ng Address & Phone		b. Coordinated Committee Na		d. Comments			
(include city, state,				1 Lhor	ge Comments			
1 - 1		OMO		00	T 0 1 2019			
PINIT	Runner. i	MIL	c. Level Registered (Specify)	100				
			Federal	County: Union C	o. Board of Elections			
			State 🔯	Municipality:	e. Election Sum to Date			
Maria P				1				
					\$			
f. Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy)	j. Amount	k. Required Remarks			
TFULL	POS		9/19/19	\$ 39.79	Stickers			
				s	Olivino.			
				٥	200 11			
5. Total only th					s 201.16			
	CRO-1310 Pages							
			0 if Operating Expenses)		\$ 1,231.02			
			0 if Contrib to Candidates/Politic		1,001,00			
		the second secon	0 if Coordinated Party Expenditu	res)				
	es (List detailed ex							
A* - Media	B* - Printing	C* - Fund		D - To Anothe				
E - Salaries	F* - Equipment J - Penalties				Public Office Expenses			
I - Postage O* - Other	J - renames	K" - Offic	ce Expenses	Q* - Donation	n to Legal Expense Fund			
	e detailed explanati	on in required re	emarks field (k)					
	- tapanauc	The state of the	(11)		the state of the s			